

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, AUGUST 29, 1872.

[Vol. X.—No. 9.]

Original Communications.

AMENORRHŒA;

ITS CAUSES AND TREATMENT; ESPECIALLY BY
ELECTRICITY.

By WILLIAM H. BAKER, M.D. HARV.

WE have read with interest the suggestions made and the cases reported in this JOURNAL relative to our subject; and these have so impressed us with its importance as to lead to a new investigation of it, both by experiment and by a review of the most recent and the best authorities. The results of this study are given in this article. We will briefly consider the causes of this affection, and the various methods of treating it, particularly that by electricity; and we will endeavor to show in what class of cases this agent should be employed, what variety of it should be used, and what is the best method of its application.

The term amenorrhœa etymologically denotes "not to flow monthly"; or, in other words, the morbid suspension or non-appearance of the menses.

To understand this abnormal state, we must consider the normal condition which it interrupts. In obedience to a natural law, which we cannot fully comprehend, one or more ova mature and burst from either or both ovaries, passing into the uterus through the Fallopian tubes, once in about twenty-eight days during the period of fecundity. At this time, under the influence of the ganglionic system of nerves connecting the ovaries and uterus, congestion is produced in the latter as it already exists in the former; the uterus becomes thereby somewhat engorged, and consequently descends toward the floor of the pelvis. Its mucous membrane being swollen and the vessels thereof enlarged, the walls of the capillaries burst under the excessive congestion, and hæmorrhage ensues.

The menstrual flux was not formerly considered a true hæmorrhage, but an effort of nature to expel injurious substances, from

the accumulation and retention of which very deleterious consequences were feared. But it is generally received by physiologists of our time, and proved by microscopic examination and chemical analysis, to be a veritable hæmorrhage; and therefore the former apprehensions of danger from the postponement of the menses beyond the age of puberty, or the time of their periodic return after it, are shown to be groundless.

Amenorrhœa, as previously indicated, is an anomaly of this function, an abnormal state of the organs concerned in menstruation. In the works of most writers, prior to a period comparatively recent, it was treated as a disease, and considerable space devoted to it as such, and to other diseases which were thought to follow and to be produced by it, the effect being substituted for the cause. But the riper experience and the more advanced scientific knowledge of to-day attach to it only a symptomatic importance, and treat it as to the disease that produces it rather than the effect produced by it, since it is itself a result of an abnormal condition of these organs, of the blood, or of the nervous system—all of which should be in a state of perfect integrity.

It is more common in the higher than in the lower classes of society, on account of the frequent retirement of the former from those activities and habits of life which contribute to the health and vigor of the body.

Causes.—One of the best classifications of these, for precision and completeness, is that given in the admirable work of Prof. T. G. Thomas. To this we have made one or two additions.

"Abnormal states of the organs of generation: as the absence of the uterus or ovaries, rudimentary condition of either or both of these, occlusion of the uterus or vagina, metritis or endometritis, superinvolution, pelvic peritonitis, atrophy of both ovaries," fibrous tumors of the uterus and cystic degeneration of both ovaries.

"Abnormal states of the blood: as in chlorosis, plethora, phthisis, cirrhosis and Bright's disease."

"*Abnormal state of the ganglionic nervous system.*"—This occurs in "atony from nervous depression, from indolence, luxury, deficiency of fresh air, want of exercise and constitutional disease, as phthisis," and the like.

The most common causes of amenorrhœa are chlorosis or anæmia, and phthisis, which does not prevent the establishment of the menses, because the tuberculous diathesis is not usually developed at so early an age. To these may be added atony of the nervous system from the above-named causes, rudimentary condition of the uterus or ovaries, occlusion of the uterus or vagina, superinvolution, prolonged anxiety of mind, severe hæmorrhages from other parts of the body, or long-continued discharges from the various mucous surfaces, or in fact anything which interferes with the proper nutrition of the body.

These causes are more or less permanent and internal; others are occasional and external in their primary source; but their results in turn become the causes of this affection—*e. g.* exposure to cold or wet, sudden fear, excitement and severe sickness. But these are only of secondary importance; for instance, the influence of cold or wet at the period of menstruation may cause a sudden suppression of the flux and produce an acute metritis, which may become chronic, resulting in a permanent amenorrhœa.

Where the causes of this phenomenon are so various and recondite, great skill and thoroughness of examination are indispensable, in order to accurately determine the particular condition which produces the abnormal state, and therefore to distinguish the mode of treatment.

Differential Diagnosis.—Before deciding upon the treatment, as the author above referred to suggests, the practitioner must distinguish this affection from pregnancy, from the *climacteric period*, and from *delayed menstruation*.

If great caution is not exercised in distinguishing this affection from pregnancy, a mode of treatment may be adopted, as we have before intimated, which may be both injurious to the subject and destructive to the fetus.

Treatment.—This, as previously stated, must vary with the causes producing the affection. There can, of course, be no treatment in cases of the *absence of both ovaries*, a condition extremely rare.

The *absence of the uterus* is more easily diagnosticated, but is equally beyond remedy, although the symptoms which are usu-

ally alleviated by the hæmorrhage from this organ, if urgent, may be periodically relieved by venesection. Like the former, this condition is extremely rare.

In cases where a *rudimentary or atrophied condition of the uterus or ovaries*, or where *superinvolution of the uterus*, are the cause of this state, electricity, of which we shall shortly speak, affords the most efficient method of treatment.

When *occlusion of the cervix or of the vagina* exists, a surgical operation is necessary. A case of the first-named class was treated by the author in December, 1871. A brief of the case then made is as follows: K. C. was a native of Ireland, aged 30 years, having been married six months, and until within five months of marriage always strong and well, when, without any known cause, the menses ceased. At each succeeding monthly period the patient had all the usual symptoms of menstruation, except the hæmorrhage. Two days before her marriage, being the menstrual period, she had very severe pain, with the discharge of only two or three drops of blood. But from that period to the time when first seen, there was no return of the catamenia. A digital examination of the vagina proved it to be normal; examined bimanually, the uterus was found not enlarged, perfectly free and movable, slightly retroflexed; cervix normal as to position, size and consistency; but no os could be felt. By speculum, no os was to be discovered; but after several minutes' delay a single drop of secretion appeared at the centre of the cervix, showing that there was not a *total* occlusion of the os. After considerable manipulation, a probe of the smallest size was passed, when the cervical canal was found to be unobstructed, and the cavity of the uterus not enlarged. This was followed by the use of probes of larger size, until an orifice was obtained sufficient for the admission of an exceedingly small sea-tangle tent. The next day, this being removed, the orifice was found so much enlarged as to admit a tent of tolerably large size, which was left in position for twenty-four hours; and, when removed, the first phalanx of the finger could be readily introduced through the os. The patient was not seen again for five months, when she reported herself entirely relieved, the menses having appeared ten days after the last operation, and been regular from that date.

In this case what became of the menstrual flux, which the symptoms warrant us to believe occurred each month? That no such discharge appeared externally is evi-

dent; and yet the non-enlargement of the uterus and the subsequent operation proved that there was no blood pent up within the cavity of this organ. Can any one reasonably doubt that this blood, which may have been less than usual in amount, was removed by the absorbents, so active in all parts of the body?

In cases more grave than the above, when the cervical canal is *absolutely* closed, resort must be had to the knife.

In *occlusion of the vagina*, occasioned generally by an imperforate hymen or congenital malformation, there is great danger of the death of the patient from peritonitis or pyæmia, in consequence of the operation; the blood which is retained within the cavities of the Fallopian tubes, the uterus and vagina, and which, being suddenly evacuated from the two latter, is forced by the contraction of the uterus from the tubes into the peritoneal cavity, thereby producing inflammation. There is also danger lest immediately after the evacuation of the blood from the uterus, air should enter that organ and cause a decomposition of the blood remaining there, which, being absorbed, produces pyæmia. As a precautionary measure, the blood should be withdrawn in small quantities and at considerable intervals, care being taken to avoid the entrance of air.

When *endometritis*, *peritonitis*, *fibrous tumors of the uterus*, or *cystic degeneration of both ovaries* are the causes of amenorrhœa, they, and not it, should be treated.

When this affection is dependent upon *chlorosis* or *anæmia*, these should be first treated by generous diet, exercise in the open air, and the various preparations of iron; and when by these means the system is brought up to its normal standard, if menstruation does not take place spontaneously, it may be promoted by the application to the uterus of a local stimulus, as of electricity.

On the contrary, where amenorrhœa results from *plethora*, a restricted diet, activity, free air, and even venesection may be found beneficial. Nature itself suggests the propriety of this latter course, since when the menses are interrupted or very much diminished for any considerable period, hæmorrhage often takes place from some other part of the body—as from the lungs, stomach, intestinal canal, mucous membrane of the nose or mouth, from the skin, or whatever part may have been most reduced. The greater impulse of the heart and the quickened circulation which always exist at such times in sympathy with the congest-

tion of the organs of generation, increase the pressure against the walls of the vessels and rupture them at the point of their greatest weakness. In these cases of vicarious menstruation the hæmorrhage is commonly more copious than the catamenial flow, and it is apt to induce an anæmic condition requiring the administration of the tonics before mentioned.

If *phthisis*, *cirrrosis* or *Bright's disease* be the cause of amenorrhœa, these affections should receive our treatment, for under such circumstances the normal hæmorrhage from the uterus would only be a source of additional weakness.

When this condition results from an *atonic state of the nerves*, the use of nervous tonics, as *nux vomica*, *strychnia* and similar drugs, is indicated, together with exercise in the open air, liberal diet and the general application of electricity, to be spoken of hereafter. When these have sufficiently elevated the tone of the system, emmenagogues may be useful, foremost among which is the local application of electricity. Other local stimuli which may be advantageously used are the passage of the sound, the introduction of the tent, cupping of the cervix, stimulating enemata and hot baths. These means not only act upon the uterus, but often promote ovulation.

Treatment by Electricity.—In this branch of our subject it will aid us to classify the methods for the application of this agent, and its results, according to the mode of its generation and use, into *statical*, *galvanic* and *Faradic*.

Statical or *frictional electricity* has been employed in medical science for more than a hundred years. But early in the present century it began to be supplanted by galvanism, and still later by electro-magnetism, on account of the inconvenient size of the electrical machine, the influence of the weather upon its action, the difficulty of regulating the quantity required and of applying it only at the precise point where it was needed. For these reasons its use is now generally discontinued.

Galvanism dates from near the close of the last century, and in the very beginning of the present the discovery of the Voltaic pile introduced it to medical science. But this apparatus was soon superseded by the galvanic battery, which is now in general use.

The continuous current is specially applicable to cases in which there is a want of proper development of the uterus or ovaries, or in which there has been an ex-

cessive structural change of the same, as in atrophy of both or superinvolution of the former, and perhaps in some other cases, which the practitioner will readily recognize.

A case is here introduced which came under the personal observation of the writer, and which shows how this current may succeed where other modes of its application fail.

A. D. was aged 20 years, single, domestic, and a native of Ireland. She had been in a chlorotic condition; but this state had been so far corrected in August, 1871, that it was thought advisable to apply electricity as a local stimulant. The menstrual flow had never appeared but once, and then about a year previously; but it continued only one day. Upon bimanual examination, nothing abnormal was found. The Faradic current was applied externally—one electrode to the sacrum, the other to the pubes for five minutes on two successive days, with no marked effect. Five days afterwards, the galvanic current, with six cells of Stöhler's zinc and carbon battery, was applied externally to the same points for five minutes. This produced, on the same day, pains through the pelvis, with slight hemorrhage from the genitals. The application was repeated the next day, and the flow became natural. Unfortunately, after this the patient was lost sight of, and therefore the permanent result could not be ascertained.

In this case, why did the continuous current succeed where the interrupted failed? Was it not due to catalysis—that is, to the action of this agent upon the bloodvessels, dilating them, quickening the circulation, and thereby bringing about the flow?

Faradization has but a slight effect upon the sympathetic nerves, which supply the ovaries. Galvanism, however, has a powerful effect upon them; and this, as we have just intimated, is probably the reason why we failed with the former and succeeded with the latter.

But in all cases where galvanism is employed, caution must be exercised: *first*, not to continue the application too long, and thereby produce exhaustion and collapse; the proper length of time is from three to five minutes; *Second*, lest too great a persistence in a uniform direction of the fluid should destroy the tissues at the point of application by its caustic action, a result which can be realized only by a very strong current, and which may be avoided by a reversion of it once in from thirty to sixty seconds; *Third*, for reasons

just given, too strong a current should not be used. The proper quantity may be ascertained by the galvanometer.

Proper Mode of Application.—In the use of the galvanic battery, one electrode should be applied to the lower portion of the spine, whence proceeds the nervous supply of the parts requiring treatment; the other, either externally to the abdomen in the region of the uterus or ovaries; or internally, directly to the cervix or to the interior of the uterus.

A very convenient instrument for applying the continuous current is the galvanic pessary of Sir J. Y. Simpson, modified by Dr. Noeggerath, and still further by Prof. T. G. Thomas. If the use of this pessary causes excessive irritation, the instrument must be temporarily withdrawn and the current from the battery substituted.

It is not yet decided whether the beneficial results of this pessary are to be attributed to the mechanical effect of the metals or to the chemical action of the current—a question which, it is to be hoped, progressive science may ultimately decide.

Electro-magnetism was first used in 1832 by Faraday, whose name it now generally bears. It was soon after applied to medical science, and re-animated the whole department of electro-therapeutics on account of its special adaptation as a remedy for certain phases of disease, because from the greater tension and diminished volume of its current, it has been found specially applicable to cases where its effects are desired upon the muscles and vaso-motor nerves.

The cases, relative to our subject, in which Faradization is of the greatest benefit, are those of acute suppression of the menses, resulting from undue exposure to cold or wet, from strong mental emotion, and in other cases requiring a local stimulant. It is also useful where an atonic state of the nervous system exists. In many of these cases it should be administered in connection with some other therapeutic agent, as the various tonics, for example.

Proper Mode of Application.—Many writers give the following rule:—One electrode should be applied to the lumbar region of the spine, the other to the hypogastrium. This may be true as a general law, but it requires more minute specification. This rule is correct where the electricity is from the secondary inductive coil, because in this case the course of the current is changed at each interruption; and it makes no difference in respect to the ute-

rus which electrode is applied to either point. But this rule does not apply where the electricity is from the primary inductive coil, because here the course of the current is not changed; and experiment proves that the positive pole should be applied to the lumbar and the negative to the hypogastric regions, in order that the fluid may pass in the same direction as the nerve fibres.

It is advisable first to try this external application, on account of the facility of its use, and for the sake of sparing the delicate feelings of the patient; and it will commonly be found sufficient. But if this is not effectual, resort must be had to its application to the cervix or even to the fundus of the uterus. The advantage of the internal application to the cervix over the external, results from the absence, in that part, of nerves of sensation, and from the consequent opportunity of using a stronger current and applying it to the desired point.

We have an appropriate illustration in the case of M. B., a seamstress, married, who entered the Boston City Hospital, and became the patient of Dr. J. G. Blake, March 25th, 1871. The patient had suffered from the symptoms of anæmia since the birth of her child, two years previously. Upon examination, the uterus was found retroverted, but not specially enlarged, and perfectly free and movable. She was immediately put on tonic treatment. Two weeks after entrance, catamenia appeared, though very slight; none subsequently for three months, although for some days previous to her expectation of it, the usual emmenagogues, and external stimulants to the parts were used. During this third month she had so far recovered from the anæmic state that between the periods when the menstrual flow should have appeared she was comparatively well. On the 5th of July, when the catamenia was expected, until the 8th, Faradization of the fundus of the uterus was practised by the author at the request of the attending physician. A current from the secondary inductive coil, sufficiently strong to produce a pricking sensation in the hand of the operator, was used. The positive electrode was applied to the lumbar region and the negative to the fundus of the uterus.

If any inquire why we did not, in this case, first apply electro-magnetism externally, our answer is found in the advanced state of the catamenial period and in the severity of the symptoms of the patient.

After the second application for five minutes on two successive days, the menstrual flow appeared, and in a few days the patient was discharged from the hospital, "well." She was seen again after nine months, and reported perfect regularity of the menses from the last application.

Brief of other Cases.—The value of these would, in many instances, be greatly enhanced if the causes could have been more fully stated.

We are indebted to Dr. Francis Minot, of this city, for the three following cases in his own practice.

March, 1871. Mademoiselle M. had been regular until eleven months ago, when catamenia ceased without known cause. On the 13th, 14th and 15th of the month, electricity was applied through both hands and from one hand to the opposite foot for five minutes. On the 16th inst., patient reported that the catamenia appeared on the previous evening, in the most natural manner, and still continued.

June, 1867. A. B. had perfectly normal menstruation; none subsequently for sixteen weeks; cause of cessation unknown. On Oct. 2d electricity was applied through both hands, and on the two following days it was applied in a similar manner, and also from each hand to the opposite foot, the current being reversed. On the evening of the latter day the catamenia appeared.

Another case also occurred without known cause. The last menstruation was perfectly normal in time and amount. But here electricity was applied in a similar manner as in the previous cases, yet without any effect.

Dr. Golding Bird reports twenty-four cases treated by statical electricity, the current being passed through the pelvis from the sacrum to the pubes, at intervals of from two to three days. The result was cure in twenty cases, the remaining four being chlorotic.

Drs. Beard and Rockwell report fourteen cases with these results:—eight cured; one approximately recovered; and five not benefited.

Dr. Althaus in his remarks on amenorrhœa reports one case in his own practice, treated by Faradization, which resulted favorably. He also quotes from the *New York Journal of Medicine* of 1844 a remarkable case in the practice of Dr. Le Conte, of Georgia, in which a negress, 70 years of age, in whom the menses had been absent more than twenty years, was treated by thunder and lightning from the Al-

mighty's battery, one charge from which brought on the menstrual flow, which continued regularly for the two succeeding years.

Thus, each form of electricity has its specific action and produces its specific results; and, therefore, the cause of the affection should be sought and well understood in order to apply the agent appropriately.

The author would gratefully acknowledge his obligations to Dr. D. F. Lincoln and others for their valuable suggestions in the preparation of this article.

Boston, Mass., July 1, 1872.

MEDICATION IN DISEASE.

Read at a meeting of the Norfolk (Mass.) District Medical Society,* July 10th, 1872.

By JOHN P. MAYNARD, M.D. Harv.

UNANIMITY of opinion cannot be expected regarding a subject depending on so many and varied contingencies as medication in disease.

Less diversity would exist, however, if we could be sure of a basis on which to rest our premises, and from which to draw our conclusions. Then would the faithful seeker after medical truth more readily avoid the manifold error of mistaking sequences for consequences, and chance coincidences for actual causations.

There is, perhaps, no subject in which there are inherently more difficulties and greater obstacles in fully appreciating and properly determining the absolute relation of cause and effect than in the one now under discussion. Prominent among these obstacles is the too common tendency to hasty generalization and premature conclusions from limited facts, with the propensity to promulgate hypotheses or theories built on insufficient data. Nothing can be a greater hindrance to the progress of true medical science; for a theory once started, perhaps fortuitously, corroborated by casual incidents and plausible sophistry—while it wins the confidence and obtains the support of the illogical physician who accepts it without examination—often entails a tedious investigation upon the more philosophical to demonstrate its absurdity or to prove its emptiness.

Besides, to these obstacles to obtaining a true estimate of the value of medication

in disease, comes the problem, all important to the patient as well as to the physician, but heretofore seldom if ever propounded, and now too often ignored—the problem involved in the question, what would be the natural course of the disease uninterfered with by medication. In what way are we to attain to this knowledge, which is the only true basis on which to found a correct opinion of the value or necessity of medication, is not so easily answered. Still, be the opportunities few or many for so doing, it behooves us all to seek the solution whenever such opportunities occur. Not until we have acquired a knowledge of the natural history of diseases can we use with perfect confidence remedial agents which have been and still are esteemed of value by ourselves and others whom we have considered close observers and rigid scrutinizers of facts. Not until then shall we be saved also from much of the trash which now too often appears in medical journals at home and abroad.

Some time ago an article was published in *Braithwaite's Retrospect* by an English physician who, with apparent honesty, appeared to have deluded himself into the belief that by giving large doses of the tincture of digitalis he cured delirium tremens. What foundation had he for such a conclusion? Why, he was called to a patient who had been laboring under the disease between two and three days, after ordinary narcotics had in the mean time been given without the desired effect; and, wonderful to relate, twelve hours after the dose of digitalis, the patient went to sleep, and awoke cured!

From time to time, other physicians have testified to the same beneficial effects of this and other similar medicines, when given near the close of the third day of the disease, apparently not aware that delirium tremens will generally go through its natural course without medication in about three days. I think there is not a member of this Society who is not familiar with the observations of the late Dr. John Ware on the natural course and length of delirium tremens.

Called to attend a severe case of disease, with threatening symptoms and unfavorable prognosis, you treat the patient on the most recent approved plan; you give the last, most certain remedy, and the patient recovers; you congratulate yourself that you gave the very medication necessary. Soon, another case of the same disease occurs, with the same symptoms, but in less severe

* It is customary in this District Society to propose questions for discussion, and to appoint members (in alphabetical order) to open the discussion by short written papers. Hence this article.

ity, and, to your disappointment, the former successful remedy fails, and the patient succumbs. In such instances how natural to infer that the medication was inert, without once surmising that it was equally so in the first.

Among those diseases of which we know something of the natural course may be cited pneumonia. Medication will not prevent crepitus advancing, hepatization developing, or crepitus recurring. Our knowledge of the natural progress, and generally favorable termination of this disease during the second week, has led to better medication in its treatment—the patient no longer being doomed to antimony in doses *ad nauseam*, “heroically” administered and more heroically endured.

So, too, of typhoid fever, our New England scourge; the natural course of this disease has been studied more thoroughly perhaps than any other. It had long been known that this disease generally reached its crisis by the twenty-first day, provided there had been blistering of the head for concomitant delirium, and purging by calomel one day to be followed by castor oil the next! Fortunate the patient who survived both disease and treatment, for *post-mortems* too plainly revealed that Peyer's patches and other lesions would not be healed by any such medication. Better the French pisan and odorous mint, supplemented with plenty of milk, beef juice and the like.

And here I am reminded of an instance of the eye seeing what the mind looks for—a very common illusion. About twenty-five years ago a well-known physician published an article on the treatment of typhoid fever, in which he stated that, if he saw the case early enough, he could always “break up” the disease by powerful purgative doses. It was a sweeping statement, but it was the premeditated public statement of a practitioner of large experience, and whose honesty of opinion could hardly be questioned. A few months only after reading the article, I happened to be at the hospital when a patient was brought in, not quite moribund, but in the last stages of typhoid fever. With some effort she could reply to the queries, “How long have you been sick?” “About three weeks.” “Did you have a physician?” “Oh, yes.” “What physician?” “Dr. —.” “Indeed! how early in the fever did he see you?” “As soon as I was taken sick.” I have been these many years trying to reconcile the physician's published theory with the patient's unpublished fact.

In rheumatism, who among us, in the

present state of our knowledge, would rely exclusively on any known special treatment, notwithstanding the lauded efficacy of lime and other agents, alkaline or acid. We cannot admit that the statistics brought forward appear to be of much value as yet, especially when compared with those of some of our own hospitals; and we may well inquire in what number of days patients in this disease would get well without any special medication.

In conclusion, I cannot refrain from alluding to medication in cancer. In this disease natural changes and spontaneous alterations in appearance may often beguile an honest observer. Occasionally, an apparent improvement will inspire hope in the patient and friends, and delude for a while even the experienced practitioner. A recognition of this fact would have saved from mortification a young and talented member of our profession, who, recently, on making a trial of a newly vaunted agent at one of these periods of apparent improvement in a case of cancer, was led into the illogical conclusion that it was in consequence of the drug administered, and to prematurely announce his deductions to the public. A few weeks only sufficed to disabuse his own mind, when too late to retract his published statements; for the patient died, notwithstanding the continued use of cundurango.

Enough has now been said to indicate my own views on the subject under discussion. They may be summed in a single sentence—*medication in disease is likely to be of value in proportion to our knowledge of disease without medication.* With such knowledge we can better judge when, as well as what, medication blesseth him who receives more than him who gives.

Dedham, July, 1872.

POST PARTUM EXPLOITS.—At a recent meeting of the Obstetrical Society of Edinburgh, Dr. Keiller observed that he had recently witnessed several instances of extraordinary exploits of women immediately after confinement without subsequent suffering. He stated that a woman was delivered in the Old Assembly Close, no one being with her at the time. After the placenta came away, she put her room in order, and then, placing the child and the placenta in a basket, she walked, within an hour of her confinement, to the Maternity Hospital, to see if everything was right about her. Dr. Keiller exhibited the fetus, which was apparently about the seventh month.—*Brit. Med. Jour.*

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.
W. L. RICHARDSON, M.D., SECRETARY.

Two Cases of Sudden Loss of Sight.
Recovery.—Dr. Folsom reported the cases.

A woman, 44 years of age, had had severe neuralgia, followed by intense pain in both eye-balls and loss of sight. Both eyes were congested, and there was nausea and vomiting. The pupils were natural in size, and the eye-balls were of normal hardness. Quinine and a hot bath were ordered. In five or six hours there was a complete remission of all the symptoms. The nausea and pain entirely disappeared. Some slight congestion of the eyes alone remained. During the next thirty-six hours all these symptoms returned twice. Opiates were administered. After the third attack the symptoms gradually disappeared. The patient was now well.

A woman, 44 years of age, had an abortion at the third month, followed by considerable hæmorrhage and a retained placenta. She became very ill, and the following night was seized with severe pain in the eyes, and, according to the statement of the nurse, with total blindness. The next morning, when Dr. Folsom saw her, she complained of some neuralgia along the course of the occipital nerve on one side, and also of an intense pain in the right shoulder. She was also suffering from more or less nausea. She was unable to see a light held within two feet of the eyes. The next day she was perfectly well.

Dr. Williams said that in puerperal cases a complete loss of sight occurs often from a phlebitis of the eyes, but in these cases it was usually limited to one eye. In glaucoma there was frequently a remission of the symptoms; but this should not prevent us from being prepared for another attack.

Dr. Fisher said he had under his care a lady, who, after intense neuralgia of the left eye, had almost complete loss of vision in that eye, lasting six months. After a previous attack, says she saw the right half of objects only, for a short time.

Another patient, a lady, after a severe congestive headache, a year ago, *lost vision* in the left half of the left eye, a state of things which still continues, and is due, Dr. Derby thinks, to permanent disablement of part of the optic nerve.

Dr. Wadsworth said that some 4-5 years

ago, while walking in the street on a very hot day he felt slightly dizzy, and on looking at a large sign in front of him he observed that the upper half of each letter was distinct, while the lower half was much blurred. On changing the direction of the eyes slightly, so as to fix directly the lower part of the letters, the lower half of each letter was distinct and the upper half blurred. The line of division between the distinct and blurred portions of the letters extended horizontally the whole length of the sign. The same appearance was noticed on looking at several other signs. This condition lasted only three or four minutes, and was followed by a violent headache.

Dr. Folsom said that some time since he had seen a gentleman, about 40 years of age, who had an attack, similar to what Dr. Wadsworth had described, two or three times a year. He had a father and mother who were insane. The division line was perpendicular, the left half of the object being visible. He had been for some years a sufferer from dyspepsia. He had always been an inveterate smoker. On giving up the use of tobacco, the difficulty in both the eyes and stomach disappeared.

Complete ossification of the Gall-Bladder.
—Dr. Tuck reported the case.

A woman, 72 years of age, had been troubled with asthma for many years, otherwise her health had been excellent. For the last five years of her life she had been an inmate of the "home for aged women," and, during this period, she had enjoyed fair health, with the single exception of an occasional difficulty in breathing, owing to her asthmatic troubles. Ten days before her death she was attacked with great dyspnoea. Her pulse was small and frequent. Her face was dusky and her breathing was short and labored. She gradually sank and died in ten days from the time Dr. Tuck was called to see her.

The autopsy was made by Dr. Fitz, who reported that the lungs were emphysematous; the heart enlarged, but showing no valvular lesions. The aorta was extensively atheromatous. At the point of division of the aorta into the common iliacs, a calcified thrombus was found, occupying perhaps one-half of the diameter of the vessel. • A calculus, large as the end of the finger, was found filling the *ductus communis choledochus*. The walls of the gall-bladder were completely calcified, the inner surface being in a state of ulceration, and the cavity filled with a purulent fluid.

The specimens were shown to the society

by Dr. Fitz. [The aorta and gall-bladder are in the Warren Anatomical Museum.]

Two Cases of Hysterical Cough.—Dr. Swan reported the cases.

A few days since he had been called to see a boy, about seven years of age, who, the day before, had been suddenly seized with a short spasmodic cough. There was no disturbance whatever of the general health. The cough was hard and dry, and consisted of short single efforts, very frequently repeated, so that at the longest it was impossible to count eighty between the sounds. He prescribed the tincture of hyoscyamus, and within an hour the intervals began decidedly to lengthen, and rapid recovery followed.

A few months before, he had been called to see a little boy who was suffering from a rapidly repeated cough,—a low-pitched, dry bark,—accompanied, as in the former case, by no disturbance of his general health. In a few days it yielded to the administration of bromide of potash.

Dr. Edes alluded to the case of a young girl, formerly under his care, who, in addition to a number of other hysterical symptoms, was troubled with a cough. It was finally relieved by his telling her not to cough till he saw her again—an interval of twenty-four hours. She made the effort and was successful.

Cancer of the Stomach. Slight Gastric Symptoms.—Dr. J. G. Blake reported the case.

A Scotchman, aged 60, was admitted to the City Hospital, August 18, 1871. He stated that he had always been well until December, 1870, when he had an attack of "chills," accompanied by nausea, but no vomiting. Three similar attacks occurred during the next four months. On entering the hospital he complained of a cough and more or less pain in the lower left chest. No expectoration. Appetite poor. No gastric distress after eating. Bowels generally constipated. Countenance pale. Pulse 92. An examination of the chest showed nothing abnormal, except a dullness on the left side, from the seventh intercostal space downwards, and continuous with a small smooth tumor felt in the left hypochondrium. A month later the pain was reported as being so severe as to prevent sleep. A month later the patient complained of some slight gastric distress after eating. He was discharged, at his own request, November 6th, relieved.

January 22, 1872, he re-entered the hospital complaining of some gastric distress after eating, accompanied by distention of

the abdomen and frequent eructations of air or sour fluid. No tumor whatever could be felt by external manipulation. Two weeks after his second entrance he began to fail rapidly. The cough and expectoration increased, and he died February 13th.

Dr. Webber showed the specimens, and gave the following account of the autopsy:

The posterior portion of the left chest formed a cavity by the adhesion of the lung at about a vertical line from the axilla. This cavity contained $\frac{3}{4}$ of a purulent fluid. Portions of the lung were consolidated, as was also the case with the right lung. The lower edge of the liver was pretty well degenerated into what appeared like a mass of cancerous nodules. The disease had also invaded the stomach, just below the cardiac orifice, towards the lesser rather than the greater curvature, and extended over a surface about five inches in diameter. The spleen was adherent to the diaphragm and the large intestine as well as to the stomach and the pancreas. The stomach was adherent to the spleen and to the colon, where it passed across the stomach. The pancreas was also involved in the cancerous degeneration. Small spots of cancerous deposits were found scattered over the peritoneum. The mesenteric glands were also greatly degenerated. The cortical substance of the kidneys showed fatty degeneration.

Dr. Haskins said he had recently seen a case where all the symptoms were referred to the stomach. Upon examination of the thorax extensive disease of the left lung was discovered. The patient had never had any cough, hæmoptysis, or any other symptom which would lead to the least intimation of any thoracic trouble.

Three Cases of Suffocation from Coal-Gas. Inhalation of Oxygen.—Dr. J. G. Blake reported the case.

Three men had recently been brought to the City Hospital who had been nearly suffocated by inhaling coal-gas. A fourth occupant of the room, in which these men had slept, had died. Fresh air and stimulants were resorted to; but the most marked effects followed the administration of oxygen gas. The inhalation of this agent was followed by an almost instantaneous improvement in the condition of the patients. This relief was followed at first by a relapse whenever the administration of the gas was discontinued. Soon, however, the improvement became permanent, and the patients were discharged well.

Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 29, 1872.

THE PATHOLOGY OF SMALLPOX.

DR. BLAKEWELL has an article in the *Medical Times and Gazette* of June 22d ult., which threatens to revolutionize some of the traditional notions of the pathology of variola. He has evidently devoted himself to his task with great zeal and patience, and his views are certainly worthy of study. We shall look for their confirmation or refutation at the hands of other observers as a subject of obvious consequence in pathology.

The early stage of the eruption, which is usually described as papular, he claims to be vesicular; for if a point be opened with a needle, a drop of transparent, colorless fluid will exude. If this fluid be examined microscopically, under a lens of 200 or 220 diameters, it will be found to contain epidermic cells and a few floating rounded corpuscles, having from two to four nuclei. These variolous corpuscles daily increase in number, and in a day or two a new form appears. This is a proliferous cell large enough to contain from three to five of the smaller corpuscles. These proliferous cells appear to burst and to discharge their contents, as there are always to be found with them flat, circular bodies of the same size, of a structureless membrane and without contents. On the seventh and subsequent days, when the contents of the *variole* become thick and opaque, it will be found that the opacity is due to the multitude of proliferous cells, granules and free nuclei, which so fill the fluid as to be hardly able to float about in it. On and after the ninth day, the proportion of these gradually diminishes, and the medium-sized corpuscles predominate. The author denies that there are any true pustules in the disease; the same elements being found in all the stages of the eruption, whether designated as papular, vesicular or pustular.

As to the contagium of the disease, he believes these corpuscles to constitute it. As far as his microscopical examina-

tions of the blood have extended, he has found corpuscles exactly resembling those which have been described, on the first day of the eruption, and none were found in that fluid on the third day. He believes that the variolous contagium enters the system chiefly through the mouth and lungs; "that, entering generally in a dry condition—in a state of suspended animation as it were—it must first return to the condition in which it was previous to the drying up of the *variole* in which it was formed." It then rapidly grows, and is reproduced, until the corpuscles become so numerous as to interfere with the normal nutrition of the nervous system, particularly the ganglionic. Hence arise the febrile symptoms, which increase in severity until the matter foreign to the blood is thrown out of it in the eruption, the fever then disappearing. The secondary fever—coming in the stage usually known as the pustular—he maintains has nothing to do with blood-poisoning. It is caused by the local pressure and irritation of the distended *varioles*.

By what process the fully developed *varioles* (generally considered pustules) become detached from the skin in desquamation, whether by ulceration with the development of pus and a consequent loss of the tissue, or by some other degenerative process, is not made clear.

CAN HABITUAL DRUNKENNESS BE CURED.

ACCORDING to the *British Medical Journal*, June 29th, "The [Government] Select Committee, appointed to inquire into the best plan," &c., will report, among other matters committed to them:—

"That it is in evidence as well from those who have conducted and are still conducting reformatories for inebriates in Great Britain, as by those who are managers of similar institutions in America, that 'sanitaria,' or inebriate reformatories, are producing considerable good in effecting amendments and cures in those who have been treated in them.

"The average number of cures is stated to be from 33 to 40 per cent. of the admissions, this percentage being based upon subsequent inquiry, from which the cures appear to be as complete and permanent as

in any other form of disease, mental or physical. The average time occupied in effecting these cures is stated at from 12 to 16 weeks in America. For the English institutions, the period has been longer.

"That the proportion of cures is not larger, is attributed by all the witnesses to a lack of power to induce or compel the patient to submit to treatment for a longer period; and that power is asked for by every one who has had, or still has, charge of these institutions. Without such a power, it appears that the results must be imperfect, disappointing, and inadequate to the efforts made."

The Committee advise this power to be given—the period of detention in the case of those "convicted" to be fixed by the Court of Inquiry—with sufficient safeguards and guarantees on all parties. The Committee also recommend severer dealing than hitherto with drunkards themselves, for first and second offences—to prevent, if possible, the formation of the habit; also with the sellers of liquor after due notice has been served on them by police or relatives.

The report of this Committee must be worthy of the most thoughtful attention and confidence of all interested in the much needed improvements in the control and treatment of drunkards.

THE AMERICAN DENTAL CONVENTION.—The 18th annual meeting of this body has just been held in Boston. The proceedings were not of very general interest. Some discussion took place as to who was entitled to the discovery of the anæsthetic use of ether, and upon the transplanting of the teeth.

The growing feeling among the profession for filling teeth instead of extracting them was also commented upon. Dr. J. H. Wetherbee, of Boston, was elected President for the ensuing year, and, after a pleasant and profitable session, the convention adjourned, to hold its next meeting in San Francisco.

THE ASTLEY COOPER PRIZE.—The next triennial award of this prize of £500 will be made to the author of the best essay on "Injuries and diseases of the Spinal Cord." Essays must be sent to Guy's Hospital before January 1, 1874.

The Month.

DR. TILT'S WORK on "The Change of Life" has been translated into Italian by Dr. Rey, of Rome.

IMPERIAL GOOD WILL.—The Emperor of Austria has contributed 20,000 florins towards the International Congress of Medical Hygiene, to be held in 1878.

SMALLPOX IN VIENNA.—Smallpox is on the increase in Vienna. July 19th there were 72 deaths. The space allowed to smallpox in the general hospitals and the smallpox hospital itself is overcrowded, and it is proposed to build a new isolated smallpox hospital for 100 patients. It is also proposed to build a new general hospital, with 500 beds.

A GOLD MEDAL has been presented to Virchow by the Medical profession of Italy, in commemoration of his visit to Florence in 1871.

A MONUMENT TO HARVEY.—A fund is being collected in England to raise a monument in honor of Harvey, the discoverer of the circulation of the blood, at Folkestone, his native place, on the tercentenary anniversary of his birth. Dr. Bence Jones, of London, is the treasurer of the fund.

DR. HUGHES BENNETT, after a residence of some months in Southern Europe, has so far regained his health as to be well enough to resume his duties at the Royal Infirmary, Edinburgh.

SOMETHING ABOUT PILLS.—The modern era of explosions influences even the contents of the pill box. Some pills prescribed by a physician in England contained, it is reported, one-half grain nitrate of silver, one-sixth grain extract nux vomica, and one-half grain muriate of morphine, together with *cons. ros.* and extract of gentian. They exploded in a very short time, evolving a considerable amount of heat. A similar case is reported to have occurred at Nottingham, England, where the physician prescribed pills containing four grains of nitrate of silver, one grain muriate of morphine and extract of gentian. The lady patient, who had the box about her person, was badly burned by the explosion. Despisg all such chemical, detonating pellets, the Chinaman goes in for those of a thoroughly animal character. Thus, a druggist at Ningpo invites the public to

swallow "pills manufactured out of a whole stag, slaughtered with purity of purpose, on a propitious day." It appears that the wealthy wholesale druggists are in the habit of purchasing large and handsome stags, which they expose in a pen at the door of the shop, until "a propitious day" is selected for the animal's conversion into pills, when he is deliberately pounded entire into pulp, from which pills are made. After all, these must be greatly preferable to the "explosive" sort.

IN COURLANDE, FRANCE, a Jewish woman has given birth to seven children in eleven months. She had four daughters June 31, 1871, and two daughters and one son the last of May, 1872.

THE AMMONIA CURE FOR SNAKE-BITES.—Recent Australian papers contain accounts of several cases of recovery from the bites of poisonous snakes due to the adoption of Prof. Halford's plan of the injection of ammonia into the veins. This succeeded in several cases after other plans of treatment had been tried without any good effect.

PROF. AGASSIZ has been elected one of the eight Foreign Associate Members of the French Academy of Sciences, to fill the vacancy caused by the death of Sir Roderick Murchison.

POOR RELIEF IN ENGLAND.—There was paid in England, during the year 1871, by taxpayers (exclusive of what is given for the support of charitable institutions), for poor relief, including the care of pauper lunatics, the enormous sum of £8,000,000.

ERGOT IN THE CURE OF UTERINE FIBROIDS.—In a recent number of *Berliner Klin. Wochenschrift*, Prof. Hildebrandt, of Königsberg, reports a series of cases of fibroid tumors of the uterus treated with remarkable success by the subcutaneous injection of a solution of extract secal. cornut. in glycerine and water.

INFANT PROTECTIVE LEGISLATION.—During the late session of the British Parliament a bill was introduced to prohibit children, under a certain age, from being trained as acrobats.

CHILDREN'S HOSPITAL OF LONDON.—A new building is being erected for the hospital for sick children in London, at the proposed expense of nearly \$200,000. The cornerstone was laid in July, by the Princess and Prince of Wales.

ALDINI PRIZE.—The Academy of Sciences in Bologna states that a prize of 1,200 lire (\$250) will be awarded the author of the best scientific experimental essay on galvanism or dynamic electricity. Such essays must be sent in between July 1, 1872, and June 30, 1874, written in Italian, Latin or French, and addressed to the Perpetual Secretary of the Academy of Sciences of the Bologna Institution.

ONE ITEM OF COST IN FUEL, and one not always remembered, is the loss of life entailed in its production. During the twenty years between 1851 and 1870, both inclusive, no less than 20,644 persons employed in English coal mines met their death by accident.

POPULATION OF MADRAS AND ITS INCREASE.—By a recent census the population of the Madras Presidency, which is perhaps one-quarter of the British possessions in India, was found to be over 30,500,000. This is an increase of about 4,000,000 in the last five years.

To the State Microscopical Society of Illinois we owe the only journal devoted to that specialty in the country. "The Lens" is the title of a quarterly, issued from the Lippincott press, of Philadelphia, under the auspices of the above-mentioned Society, and edited by S. A. Briggs, the President. The current issue, for July, is the third number. It is a very handsome pamphlet, illustrated with photographs of microscopic subjects and with excellent plates, and contains admirable papers upon matters of recent investigation.

THE AGASSIZ EXPEDITION.—Letters from Dr. Hill, dated Panama, June 26th, give the safe arrival of the Agassiz expedition in the steamer "Hasler." The steamer proved defective in construction, and they lost over six weeks' time in repairs at various places, and so had time to make but very few deep sea soundings and to carry out the chemical and physical experiments which they had planned. They however have obtained large numbers of specimens of plants and animals, and Prof. Agassiz had already sent home 137 barrels, boxes and cases filled with specimens.

YELLOW FEVER IN NEW YORK.—Within the past two weeks three vessels have arrived at New York with cases of yellow fever on board. They were all from ports in the West Indies.

THE STATE HOSPITAL AT NEW HAVEN will be at once enlarged by the building of two wings at an expense of \$40,000, of which the State bears half and the other half is raised by subscription.

MEDICAL ALUMNI OF NEW YORK UNIVERSITY.—From the catalogue of the graduates and officers of the Medical Department of the University of the City of New York, just published, it appears that 3058 degrees, of which 41 were honorary, have been given by that institution since it was first established.

DR. GERHART, of Jena, has been appointed successor to Dr. Bamberger as Professor of Clinical Medicine at Würzburg.

DR. O. LIEBREICH, to whom we owe the discovery of the action of chloral, has been appointed ordinary Professor of Materia Medica in the University of Berlin.

A LADY HOUSE-SURGEON.—The first appointment of a lady doctor as officer of a public hospital in England has taken place in Birmingham, where Miss Louisa Atkins, holding the degree of M.D. after five years' study at Zurich, has been appointed resident medical officer and secretary of the Birmingham and Midland Hospital for Women. The appointment was made after a competitive examination.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.—A large endowment fund is being raised for the new college and hospital buildings of this institution, and a generous legislative appropriation is hoped for.

THE NEWPORT HOSPITAL FUND has reached the amount of \$16,622.

U. S. MARINE HOSPITALS.—There are 75 hospitals connected with the United States Marine Hospital service. The Secretary of the Treasury has directed a detailed report of all operations performed and diseases treated to be sent to him, in order to have a report made out, giving statistics never yet collected.

A CASE OF ACCIDENTAL POISONING recently occurred in London, which reflects but little credit on the discipline and management of the London Hospital. A child having a cough, her father applied at the hospital mentioned, where he saw the porter, who furnished him with a mixture, after taking three doses of which the child died with symptoms of narcotic poisoning.

THE EFFICACY OF SPECIAL PRAYERS.—Prof. Tyndall not long since asked, in order to test the efficacy of prayer, that a ward in one of the London hospitals should be set apart where no medicines should be given the sick, but the prayers of the Christian world alone should be relied upon. The request was not granted.

THE GERMAN PHARMACOPŒIA has been published in Berlin, and on Nov. 1st is to come into general use throughout the German Empire, replacing the different pharmacopœias now in use in the various States.

ADVANCE OF THE CHOLERA.—Authentic numerical returns of the cholera in Russia show its steady increase, and that most imminent danger may be anticipated elsewhere from it. Up to July 9th, 197 cases had occurred in St. Petersburg, of which 81 proved fatal.

TAXATION ON MEDICINES IN FRANCE.—The much-taxed French are even to be denied cheap medicines. In the new raw materials bill additional duties are placed on ipecac, Peruvian bark and other drugs, which it should be the duty of any government to supply to its people as cheaply as possible. The imposition of such almost prohibitory duties can hardly fail to lead to adulterations and the use of cheaper substitutes, from which the public health will suffer.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.—Dr. E. Giddings has resigned the chair of Clinical Medicine, and been appointed Emeritus Professor of the Institutes and Practice of Medicine.

DR. P. A. SIMPSON has been appointed Professor of Medical Jurisprudence in the University of Glasgow. The *British Medical Journal* considers the appointment not the best that could have been made, and adds that "the result of the Crown's decision is most disheartening. Great Britain is not overstocked with men of science. If the legitimate prizes be withheld from the cultivators of science, there will be fewer and fewer workers, and the country will fall more than ever in the rear."

ACCIDENTAL DEATH FROM POISON.—Mr. Maynard, the government apothecary at the Brooklyn Navy Yard, died August 17, from a dose (one drachm) of the tincture of aconite, taken by his own mistake for tincture of ginger. Every effort was made to save his life but without avail, as he died in about ninety minutes.

DEATHS FROM STARVATION IN LONDON.—From a recent parliamentary report it appears that during the past year there were one hundred deaths from starvation in London.

A GIGANTIC ACCOUCHEMENT.—Mrs. Bates, the Nova Scotia giantess, was recently delivered of a dead female child, weighing 18 pounds, and measuring 28 inches in length.

THE SITE OF THE PENNSYLVANIA UNIVERSITY, at the corner of Ninth and Chestnut Streets, in Philadelphia, has been taken for the new post office, which necessitates the early removal of the medical department to West Philadelphia.

DR. THOMAS H. KEARNEY has been appointed Professor of Surgery in the Miami Medical College, in place of Dr. Foote, deceased.

THE DEATH RATE OF SAN FRANCISCO, in 1871, was only 19.6 per thousand, showing it to be one of the healthiest cities in the world.

PROFESSOR TYNDALL is expected to reach this country in October. He will probably remain several months, lecturing in the principal cities.

THE ORIGIN OF FREE DISPENSARIES.—Dr. Sam'l Garth, in 1702, was the first to suggest dispensaries where advice was to be given the poor, gratis. He may be considered the founder of these benevolent institutions.

FEMALE CITY PHYSICIAN.—The city of Springfield, Mass., has a female city physician, Miss S. J. Williams, elected several months ago.

AT THE VIENNA MEDICAL SCHOOL, during the present summer session, there were 1,471 medical students registered, of whom over 500 were Hungarians.

DR. E. L. BISSELL, of New Haven, Ct., has gone out to Peru as surgeon in the employ of the Peruvian government, at a salary of \$5,000 per annum.

THE STRANGERS' HOSPITAL in New York has ceased to exist on account of lack of funds on the part of its founder.

PROF. T. G. RICHARDSON, recently Professor of Anatomy in the University of Louisiana, has been transferred to the chair of surgery, and the chair thus made vacant has been filled by the appointment of Dr. Samuel Logan, formerly of the New Orleans School of Medicine.

HEALTH AND SPECTRUM ANALYSIS.—*The Quarterly Journal of Science* mentions a most ingenious use of the spectrum analysis, which will doubtless suggest extending its application to the elucidation of many inquiries where it has heretofore not been appealed to. The case referred to is substantially as follows: The water used by the inhabitants of a crowded court, among whom several cases of typhoid fever had appeared, was drawn from a rather shallow well, and was highly charged with various unoxidized compounds of nitrogen. It was suspected that, from some defect, the contents of a public urinal obtained entrance to the well. The fact that the well-water contained seven times as much common salt as the normal water of the vicinity was some confirmation of the suspicion. Prof. Church obtained absolute proof by the following method: He introduced two grammes of a lithium salt into the urinal, and, two hours later, was enabled readily to detect, with the use of the spectroscope, the presence of lithium in a liter of the well-water, although a previous examination of the latter, made in a thorough manner, had shown no trace of this substance.

VON GRAEFE.—At the Ophthalmological Congress held in Berlin last year, a committee was formed, of representatives of various countries, for the purpose of taking measures to secure the erection of a statue of the eminent ophthalmic surgeon, Albert Von Graefe, in the vicinity of the place where he taught in Berlin. The scheme has received the approval of the Emperor, and local committees are being formed, especially in Berlin, where active measures are being taken to carry out the project in a manner worthy of its object.

SWILL AND GARBAGE.—It seems that other cities besides our own have their "nuisances" to "pester" them at this midsummer time. Our friends in Buffalo are now greatly troubled on "the question of getting rid of the refuse matter incident to the daily housekeeping of families, and commonly known by the uneuphonious name of 'swill and garbage.'" What to do with it seems to them even more "serious" than the cabbage-tops did last month to our superintendent of streets (who appears to be our acting Board of Health).

Many people there burn it, regardless of their neighbors' nostrils so long as the odors escape through their own chimney-tops; others "are put to miserable shifts, such as digging holes and burying their

swill, or having it spirited away somehow—anything to get rid of it." All this not so much, we are sorry to learn from a "reliable" source, because of the unhealthiness of such procedures, but because the old way, of little carts drawn along the sidewalks by dogs under the supervision of poor women, could no longer be endured. Ladies' dresses were often greatly injured in this way, said our informant with due indignation at such enormities.

The newspapers of the city, however, are down upon the city authorities, accusing them of neglect in stereotyped phrases, and sensation enough created to show that "somebody is moving in the matter." Out of the various odors raised by the stir comes a *sweet little puff* for our methods, which we are fain to copy for the encouragement of those who think our own city never sufficiently alert in sanitary affairs:

"Buffalo," says one of the first newspapers, "has become so densely populated—comparatively speaking—that a system like that in vogue in some other cities should at once be inaugurated here. In Boston, for example, the city itself collects and utilizes the swill and garbage. It provides the cleanest of scavenger carts, neatly painted, with covers to shut down during its movement through the streets, drawn by well-fed, handsome horses, and stopping at each house daily or at very short intervals, to collect the swill, &c., which is kept in a suitable receptacle subject to such calls..."

"No measure of comfort, that could be undertaken by the city, would be more gratefully hailed than the introduction of this system, which works so well in Boston."

LEGISLATION AGAINST QUACKERY.—The following is the text of the recent law relative to the practice of medicine in Eastern and Central Pennsylvania:

SECTION 2. It shall be unlawful for any person to commence the practice of medicine or surgery in the counties of Dauphin, Chester, Carbon, Luzerne, Mercer, Erie, Blair, Bradford, Sullivan, Crawford, Beaver, Monroe, Washington, Venango, Lycoming, Huntingdon, Schuylkill, Lawrence, Somerset, Philadelphia, York, Union, and Adams, who has not graduated with the degree of doctor of medicine, and received a diploma from a chartered medical school or other institution authorized to grant medical diplomas: *Provided*, That the provisions of this section shall not apply to persons who have been ten years in continuous regular practice in said counties,

though they may not have graduated as aforesaid, nor to persons who are reading medicine under the control and instruction of a physician or surgeon who has the qualification to practise prescribed by this section, when such person shall have the assent of such preceptor to practise: *Provided, however*, That such student shall not locate in any office or business station outside the usual office of his preceptor.

SEC. 3. Any person who shall attempt to practise medicine or surgery, by opening a transient office in the aforesaid counties, or who shall, by hand-bill or other form of written or printed advertisement, assign such transient office, or other place, to meet persons seeking medical or surgical advice or prescription, shall, before being allowed to practise as aforesaid, appear before the clerk of the courts of the county, and shall furnish satisfactory evidence to such clerk of the courts that the provisions of Section 1 of this act have been complied with, and shall, in addition, take out a license for one year, by payment of a license fee, for the use of the county, of two hundred dollars: *Provided*, That the provisions of this act shall not apply to dentists: *And provided further*, That physicians or surgeons commencing practice in any of the aforesaid counties, with the intention of remaining permanently therein, shall not be subject to the provisions of Section 1 of this act.

SEC. 4. If any person shall violate any of the provisions of this act, every such person shall be guilty of a misdemeanor, and on conviction thereof shall be fined in a sum not exceeding five hundred dollars, or less than two hundred dollars, or imprisoned not exceeding six months, at the discretion of the court.

THE LARGEST MEDICAL LIBRARY of the country is that of the Surgeon-General's office in Washington, under the charge of Dr. Billings, which numbers 18,000 volumes. The second and third are those of the College of Physicians, 15,000 volumes, and of the Pennsylvania Hospital, 13,000 volumes, both in Philadelphia. The next is the medical department of the Boston Public Library, about 10,000 volumes. The fifth is that of the New York Hospital, 8000 volumes. There are no medical libraries of any extent at the South or West. It is computed that a completely equipped medical collection, embracing journals and all past medical literature, would consist of about 100,000 volumes. The Royal College of Surgeons in London has 65,000 volumes.

Medical Miscellany.

DR. EDW. HITCHCOCK, of Amherst College, has recently started on a tour round the world.

DR. W. L. FITCH died at Nantucket July 20th. He was born at Colebrook, Conn., in 1803. He had practised medicine in Springfield for the past twenty-five years.

INTERMITTENT FEVER IN SPRINGFIELD.
—A paragraph has recently gone the rounds of the daily press to the effect that many cases of intermittent fever had occurred in Springfield because of defects in the aqueduct which supplies water to that city. We are enabled, on the authority of one of the leading physicians of Springfield, to contradict the statement of the occurrence of the disease and of its alleged cause. It would be a curious study to trace the story back to an inadvertent remark of some garrulous doctor.

THE HAY-CUTTER AS AN AMPUTATOR.—A correspondent writes:—

"I have just returned from dressing the stumps of fingers taken off by a hay-cutter with which the boy was 'playing.' A half dozen boys were about him, or were spoken of, who had suffered similarly by playing with the same machine. Whoever would invent some kind of an attachment which would prevent further using the machine when the workman leaves it, would deserve a suitable reward; it should be automaton, or the workman would forget to adjust it."

With characteristic thoughtfulness, our correspondent says that he will contribute largely towards the reward, provided a description of the invention be first published in this JOURNAL.

MIDWIVES IN THE TIME OF QUEEN ELIZABETH.—The following curious oath is recorded as the condition upon which Mistress Eleonor Pead received a license from the Archbishop of Canterbury, in 1567, to practise midwifery:—"I, Eleonor Pead, admitted to the office and occupation of a midwife, will faithfully and diligently exercise the said office according to such cunning and knowledge as God has given me, and that I will be ready to help and aid as well poor as rich women being in labor and travail of child, and will always be ready both to poor and rich in exercising and executing of my said office. Also, I will not permit or suffer that any woman being in labor or travail shall name any other to be the father of her child than only he who is the right and true father thereof; and that I will not suffer any other body's child to be set, brought, or laid before any woman delivered of child in the place of her natural child, so far forth as I can know and understand. Also I will not use any kind of sorcery or incantation in the time of the travail of any woman; and that I will not destroy the child born of any woman, nor cut nor pull off the head thereof, or otherwise dismember or hurt the same, or suffer it to be hurt or dismem-

bered by any manner of way or means. Also that at the ministration of the sacrament of baptism in the time of necessity I will use apt and accustomed words of the same sacrament—that is to say, these words following, or the like in effect: *I christen thee in the name of the Father, the Son, and the Holy Ghost*, and none other profane words, and that in such time of necessity, in baptizing any infant born, and pouring water upon the head of the same infant, I will use pure and clean water, and not any rose or damask water, or water made of any confection or mixture; and that I will certify the curate of the parish church of every such baptising."

DR. COBBOLD, F.R.S., has been appointed to a professorship of Helminthology at the Royal Veterinary College; so that, in addition to the summer course of medical botany, he will deliver lectures on parasites and parasitic diseases during the winter session.

It is said that 180 German-educated physicians arrive monthly in New York.

PAMPHLETS RECEIVED.—*Quelques Observations Chirurgicales*, par M. Charles B. Brigham, Docteur-Medecin, Chirurgien en chef de l'Ambulance Internationale de l'Ecole forestière à Nancy pendant la guerre de 1870-1871, &c. Paris. Pp. 101.—*Medico-Legal Science*, by Thaddeus M. Stevens, M.D., Indianapolis. Pp. 12.—*Transactions of the State Medical Society of Michigan*, for the year 1872. Pp. 120. (From G. E. Ranney, M.D., Recording Secretary.)

MARRIED.—In Troy, N. H., Carl G. Metcalf, M.D., of Middleton, Mass., to Miss Abbie A. Beckwith.

Deaths in seventeen Cities and Towns of Massachusetts, for the week ending August 17, 1872.

Cities and Towns.	No. of Deaths.	
Boston	180	Taunton 10
Charlestown	18	Newburyport 11
Worcester	35	Somerville 10
Lowell	20	Haverhill 9
Milford	4	Holyoke 8
Chelsea	13	
Cambridge	35	
Salem	14	
Lawrence	25	
Springfield	7	
Lynn	22	
Fitchburg	4	
		425

Prevalent Diseases.

Cholera Infantum	126
Consumption	39
Typhoid Fever	25
Dysentery & Diarrhoea	16

Boston reports seven deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, August 24, 190. Males, 99; females, 91. Accident, 3—pulmonary atelectasis, 1—inflammation of the bowels, 4—bronchitis, 4—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 5—cancer, 2—cholera infantum, 50—cholera morbus, 3—consumption, 28—convulsions, 1—cyanosis, 1—debility, 3—diarrhoea, 8—dropsy of brain, 6—drowned, 1—dysentery, 5—scarlet fever, 5—typhoid fever, 11—disease of heart, 4—hemorrhage, 1—homicide, 2—intemperance, 1—disease of the kidneys, 4—lead poisoning, 1—congestion of the lungs, 2—inflammation of the lungs, 6—marasmus, 11—old age, 2—premature birth, 1—peritonitis, 1—persistent vomiting, 1—smallpox, 4—stroke, 1—teething, 1—whooping cough, 1—unknown, 1.

Under 5 years of age, 105—between 5 and 20 years, 12—between 20 and 40 years, 32—between 40 and 60 years, 21—above 60 years, 20. Born in the United States, 148—Ireland, 30—other places, 12.